## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the **Detailed Summary Page** 

| FOR LINE NUMBER: |   |     |  |     |  | PAGE | : | 8  | OF |  | 37 |
|------------------|---|-----|--|-----|--|------|---|----|----|--|----|
| (check only one) |   |     |  |     |  |      |   |    |    |  |    |
|                  | X | 11a |  | 11b |  | 11c  |   | 12 |    |  |    |
|                  |   | 13  |  | 14  |  | 15   |   | 16 |    |  | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) John Burchfield Date of Receipt Mailing Address 9087 Stonybrook Blvd. 30 2015 City Zip Code State Transaction ID: 6F61D052-433A-46AA-A OH Sylvania 43560 Amount of Each Receipt this Period FEC ID number of contributing 30.42 federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 273.78 Other (specify) Full Name (Last, First, Middle Initial) B. Ronald Caronia Date of Receipt Mailing Address 360 Merrick Rd Fl 3 09 01 2015 City State Zip Code Transaction ID: 4C65656C-A4AE-49B8-A NY Lynbrook 11563-2526 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carol Chappell Date of Receipt Mailing Address 5 Saint Vincent Cir Ste 200 01 2015 City Zip Code State Transaction ID: 32C3E0DE-0293-48A5-A AR Little Rock 72205-5416 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 760.42 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....